

BALTIMORE COUNTY MARYLAND
STRATEGIC PLAN
January 2014

Behavioral Health Integration is underway in Baltimore County. The Drug and Alcohol Advisory Council (DAAC) and the Mental Health Advisory Council (MHAC) have merged to form the Behavioral Health Coalition, which has been meeting monthly since September 26, 2013. When, and if, this merger affects the Strategic Plan a revised document will be prepared and submitted to ADAA.

Vision

A safe and substance abuse-free community

Mission

To expand, strengthen and sustain an integrated prevention, intervention, and treatment system that will result in reductions in the incidence and consequence of substance abuse and related problems in Baltimore County.

Data-Driven Analysis of Needs

Baltimore County has adopted a Recovery-Oriented System of Care (ROSC) model as its “way forward” vis a vis substance abuse. The long-term outcome of this strategy is a reduction in the harmful use of alcohol and drugs and its related social, emotional and behavioral problems for youth, their families. And, as reported previously, in January 2010, the DAAC resolved to focus on prevention and early intervention strategies aimed at reaching youth prior to their entry into the juvenile justice and/or social services systems with added emphasis on intervention with girls at particular risk.

The DAAC recognizes, however, that systemic change—particularly in a large and diverse county—is not easily accomplished. Accordingly, DAAC members agreed that the best and most effective approach to a County-wide ROSC would be to identify a community that would benefit from a comprehensive approach to the problems identified above; and to undertake the pilot test of a model ROSC that would be developed, implemented and evaluated over a period of five years with incremental countywide expansion scheduled to begin in year five.

Data, such as that presented below, convinced DAAC members that the 21222 area should be their initial focus. The community struggles with substance abuse and addiction, juvenile and criminal justice involvement and child abuse/neglect referrals/removals at higher levels than other county communities. For example:

- *From 2005-2010, a 29% increase in admissions for substance abuse treatment occurred for adults, and a 70% increase occurred for adolescents who reside in the 21222 zip code area.*
- *The most recent available data related to the juvenile/criminal justice and child welfare systems from July 1, 2009 to June 30, 2010 reveal that twenty-two percent (22%) of youth adjudicated delinquent and placed on probation due to drug-related (non-alcohol) offenses resided in 21222 zip code. □*
- *Twenty-two and a half percent (22.5%) of adult arrests for drug charges were from Precinct 12 – North Point (21222); this precinct also had highest number of female juvenile and adult arrests for drug charges (36 girls, 265 women) during this same period.*

- *From July 1, 2008 – June 30, 2010:* □ Fifteen percent (15%) of the youth (77 children) removed from their families (53 families) by the Baltimore County Department of Social Services due to abuse/neglect were from 21222 area; and forty percent (40%) of those families (21 families) had substance abuse issues.

Priorities

Goal I: Develop and enhance system capacity to implement programs and services that meet unmet and emerging needs

Goal II: Strengthen and integrate the components of the system of care

Goal III: Sustain a comprehensive system of prevention, intervention, and treatment services that prevents/delays first time use and provides timely access to intervention and treatment services to reduce the negative consequences of substance abuse

Goals

Goal 1: Develop and enhance system capacity to implement programs and services that meet unmet and emerging needs.

Objectives:

- Continue to assess needs on an ongoing basis
- Prioritize communities and program/service needs
- Improve knowledge and understanding of DAAC agencies/organizations of research-based best practices that can address the needs of target populations

Performance Targets:

- Resource matrix updated by June each year
- *Pathways to Progress* updated each year
- New best practice programs implemented and designated on Resources Matrix

Progress:

July 2014 Update:

The ROSC Initiative:

As reported under Goal III, the ROSC initiative is expanding in Dundalk as well as throughout the County.

Overdose Prevention Plan:

See Separate Report Attachment A

January 2014 Update:

The ROSC initiative

The One Voice-Dundalk advisory committee, once comprised of professionals, is now a group of persons in recovery and their family members, with staff support provided by BBH. This evolution is an integral part of the DAAC Five-year plan for Dundalk.

Peer Recovery Specialists (PRS) and advocates have expressed concern about the State-level discussion with regard to “medicaiding” outreach services of the peer recovery support program. Should this occur, the services will be reimbursable under Medicaid; however, programs assert this is antithetical to the program’s mission.

Overdose Prevention Plan

See Separate Report Attached

July 2013 Update:

The Resource matrix has been updated and is appended to this Strategic Plan.

Currently, the ROSC initiative is centered in Dundalk and a 3-5 year long range plans guides the objectives and activities. Given the (slow yet steady) progress of this initiative and the fact that it targets a small segment of the County’s residents, members discussed the possibility and advisability of “seeding” ROSC activities in other communities in Baltimore County. After discussion, members agreed that the focus should remain on Dundalk for the anticipated 3-5 years. Data from the recent Southeast Community Needs Assessment will be considered if and when this decision is revisited.

In response to ADAA’s request, Baltimore County prepared an overdose prevention plan. This plan, which will be under the purview of the DAAC, is currently focusing on children and young adults who are “prescription shopping” in medicine cabinets. A press event will be held to roll out the new Prescription Drug Box initiative. Secure drop boxes have been purchased for all 10 County police precincts; and will be placed outside each station and anchored. County residents will be able to drop off prescriptions any time of the day or night, and will not have to wait for special “prescription take back” days as in the past. The Health Department and Baltimore County Police Department (BCPD) have agreed on a disposal strategy, whereby BCPD has assumed responsibility for disposal of the drugs placed in the boxes; and will make available data on the types/quantities of drugs deposited, but will not reveal any information about prescription holders.

January 2013 Update:

A preponderance of DAAC activity with regard to system capacity during the reporting period focused on increasing awareness of members about substance abuse issues and changes in the behavioral health system in the County and State.

The growing problem of K2-Spice was brought to the attention of DAAC members following calls from County parents reporting the use by youth of synthetic marijuana; resultant overdoses; and lack of legislation banning the substance. A DAAC workgroup convened on 8/29/12 to develop recommendations to present to the Health Officer. Discussion revealed that the substance is easily accessible and is sold everywhere (including botanical and organic stores); there are no age restrictions on its purchase; laws that cover the basic compound from which the various analogs spring have been proposed, however the labs cannot test for all of the different analogs. Thus a law can stipulate the compound is illegal, but if there is not a test to detect the substance, the law has no practical effect.

A DAAC member noted, however, that Spice/K2 is banned in Pennsylvania which allows police to seize products. Even so, without such legislation in Maryland, there is no incentive to refrain from selling the product. As well, the DEA reports that sellers have the “next” product ready as soon as a particular analog is banned. The Department of Health and Human Services has recommended that Baltimore County not take a stance with regard to outlawing K2/Spice, but rather raise community awareness of the problem.

The full DAAC supported the workgroup’s report which focused on an environmental education approach—with a public health and public safety focus—as the best way to address the issue, and included several recommendations and a timeline. A key point from the public health perspective is that the chemicals are bad for you; and from an economic perspective, that community groups should not want their local markets selling these products.

Specific workgroup recommendations included:

- Developing a fact sheet on Spice (attached) and engaging schools and parent groups
- Convening an epidemiological task group to study the impact on the County
- Empowering the community to resist selling the substances in their

The fact sheet was shared with the Board of Education; and a well-received training for professionals was held November 9th to raise awareness of this growing problem. More training events in the future will be coordinated through the Bureau of Behavioral Health (BBH) Prevention Services Program.

It was agreed that consumers, PTAs and schools might be instrumental in the effort to address K2/Spice by informing vendors that consumers may discontinue using their services if they continue to sell products of this nature. BBH staff will discuss the current issues with the State’s Attorney in an effort to determine the legality and liability the corporations are incurring by allowing their local stores to sell K2/Spice and other similar synthetic drugs. A suggestion was made to appeal directly to corporations (such as Exxon, Royal Farms, Quick Marts) advising them of their potential liability in this regard. One Voice members expressed willingness to confront businesses that sell K2/Spice.

On a related issue, BBH has been asked by ADAA to consider the reasons for an increase in overdoses during May and June 2012. BBH asked DAAC members whether Spice appeared to be a factor. Members agreed that a need exists for more specific information about the overdoses (e.g., gender, age, location, etc.) before any conclusions can be reached.

DAAC members followed the progress of the State's Behavioral Health Integration process, and noted that, on the administrative level, behavioral health and mental health will be merged within the year on DHMH's organizational chart. At the November DAAC meeting, members considered creation of an integrated Behavioral Health Council that would merge the Drug & Alcohol Abuse and the Mental Health Advisory Council.

A motion was made and seconded to merge the Councils. After brief discussion, the motion passed. The Office of Law will review the mandates of each Council and, it is anticipated that, by 2013 a merged Behavioral Health Council will be in place. DAAC members opined that the newly merged Council may allow the group to create an intervention that could reduce the number of completed suicides. Among the pertinent questions such a merged group might ask are: Was the individual a Veteran? What were the family dynamics? Did the individual have an underlying mental health issue that may have contributed to their suicidal tendency?

The Baltimore County ROSC initiative is on track to meet stated goals. As the number of County staff attending *One Voice-Dundalk* meetings has decreased, the number of community members attending has increased. *One Voice* is developing community relationships which will empower the community and allow them to take ownership of the program and look less to the Health Department for guidance. As part of the *One Voice* Strategic Planning process, the group identified approximately 20 unique neighborhoods within the Dundalk area 21222 and 21224 zip codes, each with its own sense of community pride that keeps them apart from neighboring communities. This neighborhood separation (and in some cases isolation) has made it difficult to make inroads into the myriad of problems facing the community. Accordingly, the Strategic Plan focuses on reaching out to the leadership of these community groups and encouraging them to join *One Voice*. The focus of the group is on improving the health of the community, with the aim of effecting a culture shift in Dundalk—a phenomenon, according to the Learning Collaborative, necessary for sustainability.

DAAC members considered the ADAA grant announcement for an adolescent club house and a housing program; and agreed that the timing was not optimal. However, DAAC members were asked to think about how this program could be implemented in the County as ADAA has indicated that another round of funding was on the horizon. Members suggested considering locating such programs at schools as they are—for the most part—empty after school and on weekends; approach alternative schools to ascertain their interest in such a program; and working with the school system to frame the possibilities.

As well, Dundalk Youth Services (DYS) is in the process of purchasing and moving to a new building, which will possibly result in expansion of the ROSC initiative to include services for recovering youth. DYS will respond to the next round of ADAA funding for a youth clubhouse. In a further effort to increase youth participation in/input to *One Voice*, the creator of *Sober Swag* on Facebook will be joining the group and plans to assist with implementing the youth oriented program. And, executive director of DYS is a member of the County's MSPF Initiative.

The efforts described above are consistent with the ROSC Strategic Plan to develop and empower a community to make a difference.

Estimated Dollar amount needed (or received) to accomplish goal

\$90,000 needed

Updates from July 2012 and prior are found at Attachment D

Goal II: Strengthen and integrate the components of the system of care

Objectives:

- Improve system wide information flow through updates/integrated communication strategies/systems
- Establish/improve system wide referral mechanisms through formal and informal agreements and procedures

Performance Targets:

- Number of hits on web site
- Number of listings/comprehensiveness of listings
- Annotated list of programs

Progress:

July 2014 Update:

Plans are underway for a Mental Health Town Hall to be held on October 9th at Oregon Ridge. A BHC subcommittee has been formed to organize this event which will be consumer-focused (as was the event last year).

January 2014:

July 2012 Update:

DAAC meetings continue to provide a forum for exchange of information regarding substance trends in general and trends and issues within the County. The January 2013 update highlighted efforts in the County to understand and respond to the emerging K2/Spice use. Members noted that the issue arises on occasion in Juvenile Drug Court; and without a seismic event, members agreed, not much will change. Meanwhile, legislation dealing with K2/Spice is being considered at both State and Federal levels. The Bureau of Behavioral Health hosted a second training seminar for providers on K2/Spice during the reporting period.

January 2013 Update:

Public events highlighted substance abuse and mental health issues during the reporting period:

- A Mental Health Town Hall held Wednesday, October 31st, from 10 am-1:30 pm at Oregon Ridge State Park. The theme of the program was “Living Examples,” a celebration of recovery. The event attracted consumers; and lunch will be provided.
- The Candlelight Vigil of Hope held November 29, 2012, sponsored by MD MADD. In previous years, the BBH organized and coordinated this event. This year, in keeping with the County’s move towards community ownership of programs and events, BBH staff provided guidance to the local MADD chapter which assumed responsibility. See attached flyer.

Estimated Dollar amount needed:

\$2,000 needed

Updates from July 2012 and Prior are found at Attachment D.

Goal III: Sustain a comprehensive system of prevention, intervention, and treatment services that prevents/delays first time use and provides timely access to intervention and treatment services to reduce the negative consequences of substance abuse

Objectives:

- Facilitate continuous evaluation and improvement of programs
- Seek adequate funding to develop, implement, maintain and expand research-based and effective programs
- Build and maintain community support for the comprehensive system of care through a large-scale social marketing campaign(s)

Performance Targets:

- Assessment of data collection status
- Development of evaluation strategies and plans
- Funding requests responded to
- New programs initiated
- Existing programs expanded

Progress:

July 2014 Update:

The prior update provided highlights of the expansion of the Peer Recovery Specialist (PRS) cadre, including a 4-person BBH team, whose members work at the Detention Center, Community Supervision, and

the VA, and three PRS at Epoch Counseling Center. It is anticipated that placing PRS at the Detention Center will help reduce the rate of recidivism as clients leaving detention now have facilitated access to recovery services in the community. The BBH also awarded funds to Affiliated Santé to hire PRS to assist with their hot line and provide technical assistance to individuals for substance abuse issues.

During the past six months, the County has also expanded the ROSC initiative in Dundalk with the launch of the Dundalk Youth Recovery Center, ReDYSCovery Center, which was introduced to the community at a Family Orientation and Picnic at Heritage Park. In addition, the strategies put in place in the 21222 zip code are now being replicated elsewhere with the opening of a new Recovery Community Center (RCC) at Prologue in the northwest area of the County, which employs a peer recovery specialist coordinator and two part-time PRS.

Since January, the Dundalk RCC served 65 (unduplicated) individuals who made 1,075 visits to the center. As well BBH peer recovery specialists (PRS) hired during the reporting period served 129 individuals (adults 18+) in 238 encounters, and 33 family members with a substance use disorder in 51 encounters. Epoch Counseling Center's PRS provided 402 encounters to individuals (adults 18+) in treatment.

The Dundalk RCC has developed a rapport with Bayview's three day detox program. This connection allows for discharged individuals to be sent to the RCC where they can then begin working with a peer to begin receiving additional services. As well PRS can assist in connecting peers with services before a hospital visit.

January 2014 update:

The cadre of Peer Recovery Specialists has expanded during the reporting period. The Bureau of Behavioral Health Peer Recovery Specialists (PRS) will be increased to a team of four, all of whom will be State certified as PRS. One PRS is currently embedded in the Parole & Probation office two days a week and working to engage individual to get into a recovery program; as well, one of the new PRS will be stationed in the courts. Epoch has hired a 3rd PRS.

Utilization of the One Voice-Dundalk Recovery Community Center (RCC) continues to expand as word spreads through the area about the services and resources available. A second RCC, One Voice Northwest, will be opening in January 2014 at Prologue, Inc..

Data show expanded use of PRS services and the RCC. For example:

- *During October, PRS received 220 substance abuse help calls and outreached to 39 new peers*
- *The Dundalk RCC saw 57 unduplicated adults in October, 7 of whom were new to the center. One individual was suffering from alcohol withdrawal and staff were able to place him in treatment. .*
- *The RCC had 172 visits in November and served Thanksgiving dinner to 21 individuals.*

These successes notwithstanding, One Voice-Dundalk continues its outreach activities. Of note:

- *Visits to the 27 different communities within the Dundalk/21222 zip code, with subsequent outreach to include an educational program for the local community college*
- *an open house in the near future inviting neighborhood residents to visit the facility—another strategy that draws on the community's ways of communicating.*

- *One Voice Dundalk advisory group and Dundalk community college are considering holding a free open-to-the-public event, as residents accept services/programs based on the “vetting” provided by family, neighbors and friends. Target date for this event in September 2014—Recovery Month. One strategy to get the word out to the community is Dundalk TV on YouTube (a One Voice member’s special interest).*
- *Participating in a community clean up at Veterans Park in coordination with Dundalk Renaissance Corporation.*

An RFP for a Dundalk-based Youth Recovery Community Center was posted and one bid received by the end of the reporting period. The expectation is that the Center will contribute to a cultural shift in the community starting with youth. An RFP to conduct evidence-based parenting programs (All Stars and All Stars Teens) resulted in award to two vendors who will implement workshops in Spring 2014.

July 2013 Update:

One Voice Dundalk Recovery Community Center (RCC) has exceeded the goals and expectations that were initially established. As of April, the RCC had served 93 individuals during 425 visits. Follow up calls indicate that persons served are doing well. An RFP was issued for a new RCC; and one bid was received.

ROSC received additional funding in FY ‘13 for three additional Peer Recovery Support Specialists (PRCCs). One PRCC joined the *One Voice Dundalk* RCC; along with a third peer advocate. Two PRCCs were hired by the BBH to conduct outreach throughout the County. They interface with interface with community support, the Detention Center, providers, and DSS to assist persons who are exiting residential treatment/detention or are on probation; and will provide peer intervention to help the individuals access the next [appropriate] level of care. As well, Epoch has hired two part time PRCCs for a similar purpose. The expectation is that the PRCCs will be instrumental in facilitating an increase in the number of individuals accessing substance abuse services. During the month of March, the newly-hired PRCCs responded to 134 calls from constituents in need of recovery services and/or their families. The Peer Recovery Support program is expected to expand in FY14

One Voice Dundalk is considering applying for ADAA funds to expand services to include adolescents.

The modified Therapeutic Community program in the jail is demonstrating a 28% rate of recidivism as opposed to 50% without program participation. Given this outcome, judges appear to be imposing jail sentences as a pathway to the Therapeutic Community. Detention Center staff anticipate that, as a result, the number of incarcerated individuals will increase—in an effort to get them into the program. DAAC members were asked to develop a set of guidelines to assist judges when sentencing, outlining alternatives to incarceration and highlighting alternative resources within the community. START, which provides substance abuse and mental health counseling as well as case management for women at the jail, is also showing important outcomes with a 16% recidivism rate as compared with the usual 50-60%.

January 2013 Update:

The Dundalk Recovery Community Center (RCC) is making progress. Consumers are coming in for assistance; and a volunteer visits the local park to reach out to homeless persons with addictions in an effort to encourage them to come to the RCC. A Race To Recovery held September 16th, attracted more than 100 people, of whom 75 signed in.

BBH applied for and received funds for expansion of the RCC. The RFP for a second recovery center outside the 21222 zip code is in process, and a vendor will be announced soon. As well, a request has been made for two 34-hour (special payroll) peer recovery specialists, under the supervision of BBH staff, which will make possible county-wide availability to treatment programs, to hospitals for outreach for hard to reach clients, and for assistance to consumers in navigating the system. Interviews are underway.

The Department of Corrections will assume financial support of the GOCCP-funded women's program; and Baltimore County is exploring a program for inmates who are requesting methadone and potentially starting them on the program prior to their release from the facility. This program is akin to an Anne Arundel County Jail pilot program for individuals who were in a Methadone Program while in the community that would continue methadone maintenance during the inmate's incarceration. The results have been promising: when the inmates leave the facility, about 85% of them seem to be continuing with the program and are more likely to remain clean.

Suboxone continues to be a problem within the jail. Prison officials have changed incoming mail protocol in an effort to address this on-going issue. In the effort to reduce the availability of Suboxone in the jails, the following items are no longer allowed to be sent or given to inmates: glitter, pictures and greeting cards. Howard County has begun issuing khaki pants and polo shirts to inmates when they appear in court because the inmates were securing the Suboxone within their property. Suboxone is a statewide issue in the detention centers.

Estimated dollar amount needed:

\$21,000,000 needed

Updates from July 2012 and Prior are found at Attachment D.

Attachment A: Overdose Prevention Plan

Goal 1: Increase Community Awareness of Opioid Abuse, Prevention and Treatment

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
Community lacks awareness of opioid abuse, prevention and treatment	Collaboration between Department of Health Treatment, Prevention and ROSC Managers and programs to plan and implement a Public Awareness Campaign in Baltimore County	<ol style="list-style-type: none"> 1) Explore the use of TV, radio, bus stop signs, etc. to educate the public about prescription drug abuse and the proper storage and disposal of medications. 2) Develop educational flyers on the safe storage and disposal of prescription drugs, opiate use and addiction and getting help, and Naloxone information for family and friends 3) Post information on Department of Health website on opioid abuse, prevention and treatment 	<p>1) Place prescription drop off boxes at all police precincts by 9/1/13. Advertise their availability by 10/1/13.</p> <p><i>July 2014 Update: The Baltimore County website and tweets from the Office of the County Executive, continue to advertise availability of the drop-off boxes.</i></p> <p><i>January 2014: Prescription Drug Take Back Boxes were installed at all 10 BCPD precincts for residents to use as a safe and confidential way to dispose of unwanted, unused medications. The boxes are designed to prohibit people from removing items that have been placed therein. The police department removes and disposes of (by incineration) the items, and sends a monthly review of the overall contents and weight to the Bureau of Behavioral Health. At the time of this report, approximately 25 lb./week of drugs are being deposited.</i></p> <p>2) Execute at least one other advertisement/media announcement about prescription drug abuse and proper storage/disposal of medications.</p> <p><i>July 2014 Update: Quantitative data are not available on the amount of drugs “deposited” in the prescription drop off boxes. However, anecdotal/qualitative data indicate that 3-4 boxes (20”x20”x20”) packaged by local precincts are sent to a central evidence collection location per week. There is an ebb and flow in terms of deposits, and not every precinct send up a box each week.</i></p> <p><i>The boxes are not weighed, and there is no special way of</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
			<p><i>flagging them in the PD's evidence management system, so it is not possible to search the system to determine the precise number of boxes received. In addition, due to the frequent drug burns, a point in time count is not possible.</i></p> <p><i>The PD suggests another round of marketing as, overall, the quantity of drugs deposited appears to have diminished over the past few months.</i></p> <p><i><u>January 2014:</u> Press Conference was held at the Cockeysville Police Precinct on Friday, September 27, 2013. Chief Johnson, Chief Hohman, Della Leister, Deputy Health Officer, and County Executive Kamenetz attended. A constituent disposed of a coffee can full of his recently deceased wife's medications, and was photographed using the new Prescription Drug Take Back box. Ads were run in local papers during the second week of October. The day before DEA Drug Take Back Day, all police precincts emptied their boxes. Anything collected on Take Back Day was credited to the DEA. Local Universities also hosted Drug Take Back days for their students. In December, another round of ads was placed in County media outlets, including local papers and patch.com, with the expectation that use of the drop boxes would increase. As well, a school representative distributed information on the drop boxes to all schools in the County schools.</i></p> <p>3) <i>Distribute educational flyers at five health fairs or other events by 6/30/14.</i></p> <p><i><u>July 2014 Update:</u> Flyers were distributed to all behavioral health providers in the County</i></p> <p>4) <i>Prepare information to be posted on Health Department website by 10/1/13.</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
			http://www.baltimorecountymd.gov/Agencies/health/healthservices/substanceabuse/drugdropbox.html

Goal 2: Improve relationships between the Department of Health and Private Substance Abuse Providers.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
Department of Health does not currently have regular communication with private substance abuse provider community.	Outreach to private providers to improve communication and assess their knowledge and practice of overdose prevention principles.	Treatment Coordinator will reach out to private providers in the County and attempt to engage them in this project by offering information and technical assistance.	<p>1) <i>Treatment Coordinator will meet with five methadone and buprenorphine providers by 6/1/14.</i></p> <p><i>July 2014 Update: The treatment coordinator met with three methadone providers (one public, two private) to discuss overdose prevention and offer naloxone trainings, including overdose prevention information. The coordinator also offered to meet with staff.</i></p> <p>2) <i>Treatment Coordinator will provide technical assistance and education to providers in overdose prevention.</i></p> <p><i>July 2014: The treatment coordinator provided technical assistance and education to two providers (one public, one private)</i></p> <p>3) <i>Invite one private provider to participate in Review Team.</i></p>

Goal 3: Baltimore County will have a Lethality Review Team to review overdose deaths in the county and make additional prevention recommendations.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
Lack of oversight for	Plan and develop a Lethality Review	1) In collaboration with the Baltimore County Mental	1) <i>Have initial meeting of Lethality Review Team by 11/1/13 to decide on goals and procedures of the group.</i>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
overdose deaths in Baltimore County	Team, similar to the Child Fatality Review Team to review overdose deaths in the County.	<p>Health Advisory Council and the Drug and Alcohol Abuse Council, invite key stakeholders to participate in the meetings.</p> <p>2) Obtain individual level data from OCME office.</p>	<p><i>January 2014: The Lethality Review Team is comprised of a representative from the Health Office, Police, Fire, EMS, Physicians, Board of Education, Hospital(s), OCME and the State's Attorney's office; and will be fully operational by January 2014. At this time, the Lethality Review Team is gathering statistics in an effort to provide prevention recommendations for reducing the number of overdose-related deaths. The team is finding it difficult to access some important data systems.</i></p> <p>2) <i>Continue to meet according to agreed upon schedule.</i></p> <p>3) <i>Review overdose deaths and make recommendations for additional prevention activities based on findings.</i></p> <p><i>July 2014 Update: During the reporting period, the Lethality Review team was given permission to access OCME data. Team members planned to begin reviewing cases. The data are highly confidential and team members are held to the highest standard with regard to their ability to share data with other members. Data points to examine are cause of death, age, race, sex, etc. As of June 30th, the Team continues to experience difficulty accessing the needed statistics, and will meet in September with County department heads and other content experts.</i></p>

Goal 4: Make Naloxone information available to family and friends of opioid addicted individuals so they can assist in reversing a potential lethal overdose.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
Friends and	Educate and certify	1. Identify who will conduct the	1) <i>Conduct at least two trainings to certify individuals to</i>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
family members are not able to utilize Naloxone to protect those who are at risk for overdose	individuals who are able and appropriate to administer Naloxone	<p>training to certify individuals to administer the medication.</p> <p>2. Educate the medical community to prescribe Naloxone to family members and friends.</p>	<p><i>administer Naloxone by 6/30/14.</i></p> <p><i>July 2014 Update: During the reporting period, BBH conducted 5 official Naloxone trainings: two in community settings, two at methadone programs, and one at a residential treatment site for parents and significant others. The training includes a PowerPoint presentation, a full demonstration with rescue dummies and a review of recovery positioning. Eighty-five individuals completed the training and were issued certificates, which allow them to obtain a prescription to carry and administer Naloxone to anyone suspected of having overdosed on an Opioid. Fifty-two doses of Naloxone were given (at no charge) to certified individuals at the conclusion of the training.</i></p> <p><i>BBH is working to secure more funding so that the training is an ongoing service of the Bureau (with training conducted every other month). The Bureau is also working with the state legislature regarding who can write prescriptions, and with the police regarding how to provide/support training for law enforcement officers.</i></p> <p><i>Certified individuals have been asked to notify Behavioral Health or Poison Control when they use their Naloxone.</i></p> <p><i>January 2014: Delay of SB 610 regulations has affected implementation of naloxone training. The County will seek funding to implement this training, which will be conducted by the BC Department of Health. As a part of the training, individuals will be given instruction in basic CPR along with an overview of what they can expect to happen after administering the Naloxone/Narcan. The cost of the Naloxone/Narcan is \$20.00 per prescription if purchased in bulk quantities. Currently Baltimore County EMS units carry Naloxone as a part of their "crash kit".</i></p>

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/Results
			<p>2) <i>Send letter to community prescribers educating and encouraging them to prescribe Naloxone to family members</i></p> <p><i>July 2014 Update: Treatment providers shared information about Naloxone with family members of persons using opioids. As well, a support group of parents who have lost children and/or family members to overdoses was established.</i></p>

Goal 5: Increase knowledge base of all prescribers about opioid abuse, addiction, prevention and treatment.

Problem Statement	Strategies	Activities	Measurable Outcomes/ Timeline/ Results
Prescribers lack knowledge about opioid dependence	Engage medical community to provide education and information on overdose risks; screening, brief intervention and referral to treatment (SBIRT); safe prescribing practices; and the Prescription Drug Monitoring Program (PDMP)	<p>1) Obtain list of all prescribers in the County, including physicians, nurse practitioners and dentists.</p> <p>2) Prepare letter to send to prescribers</p> <p>3) Provide Grand Rounds trainings at local hospitals</p>	<p>1) <i>Mail letters to prescribers by October 1, 2013.</i></p> <p>2) <i>Provide Grand Rounds for at least two local hospitals by 6/30/14.</i></p> <p><i>July 2014 Update: Due to the rollout of the Prescription Drug Monitoring Program (PDMP) grand rounds were postponed.</i></p>

DYSC in partnership with One Voice Dundalk announces the ReDYSCovery Center-opening June 30, 2014

**Location:**

CenterPiece Family Arts Center
4 North Dundalk Avenue Dundalk, Maryland 21222
Tel: 410-288-4356
E-mail address: ReDYSCovery@mydysc.org

Summer Hours 6/30/14-8/21/14:

Saturday-June 28th-Family Orientation Picnic-2:00 pm
Monday - Thursday 11 am - 5:00 pm

Saturday July 12th Family Picnic
Saturday August 16th Family Picnic

After-school Hours 8/25/14-6/19/15:

Monday-Thursday 3:30 pm – 7:00 pm
Fridays 3:30 pm - 8:00 pm
Saturday 11:00 am – 5:00 pm

Membership is Free: Call or e-mail to schedule a visit.

Open to youth ages 12 thru 17 years old, a resident of Baltimore County, and meet at least one of the following criteria:

- ◆ Actively engaged in a sober community activity
Currently in treatment for substance use
Struggling with substance use
- ◆ Have successfully completed a substance abuse treatment program

There will be fun and sober activities including:

- ◆ Homework, tutoring & GED assistance
- ◆ Mentoring & employment coaching
- ◆ Support group activities led by peer-recovery coaches
- ◆ Outdoor recreational activities, sports and field trips
- ◆ Indoor activities like pool, ping pong, air hockey, arts & crafts, dance
- ◆ Exercise, meditation, and healthy cooking
- ◆ Other activities to be announced



Sponsored by Baltimore County Health Department, Department of Behavioral Health & One Voice Dundalk

These materials are neither sponsored by nor endorsed by the Board of Education of Baltimore County, the Superintendent or this school.



ReDYSCovery Center

Family Orientation and Picnic

When: Saturday, June 28th at 2 pm

Where: The CenterPiece Family Arts Center located at 4 North Dundalk Avenue (across from the Post Office and the Heritage Fair).

For more information, please e-mail us at redyscovery@mydysc.org or call the DYSC office at 410-288-4356.

*Sponsored by the Baltimore County Health Department
Bureau of Behavioral Health and One Voice Dundalk*

Attachment D: Strategic Plan Updates July 2012 and Prior

Goal 1: Develop and enhance system capacity to implement programs and services that meet unmet and emerging needs.

July 2012 Update:

The Resource Matrix has been updated and is found at Attachment A. *Pathways to Progress* is in process and will be forthcoming within a month of receipt of requested data from ADAA.

The *One Voice-Dundalk* needs assessment was completed during this reporting period. *One Voice-Dundalk* focus group findings are that:

- Services are not always accessible within the Dundalk community.
- Parents do not know where to turn when their child has a substance abuse problem.
- Treatment is costly and often not in the immediate community of those who seek treatment.
- Education about substance abuse is thought to be key to prevention.
- Individuals in recovery are trusted by other addicts and can be helpful to those seeking treatment.
- Faith based community members are knowledgeable and willing to help.
- People who are addicted want the option to access services through faith-based entities.
- There is a perceived conflict of interest by politicians and liquor establishments.
- Everyone (those who participated) does not expect to agree on the solution. At the least everyone wants to be heard, at the most they want to be helpful and be part of a solution.
- There is a great concern for the Dundalk community and its citizens.
- The criminal justice system is the easiest way to enter treatment and to identify services.
- Parents need help to navigate the system to get help for their child and family.
- Cost is an issue in seeking treatment, as is the location of services.

A majority of respondents to the One Voice-Dundalk survey agree that:

- alcohol, marijuana, and prescription drugs are misused and abused in Dundalk
- underage drinking and underage use of prescription drugs are a serious or very serious problem in Dundalk.

Based on these data, One Voice-Dundalk members formulated recommendations for helping families in stress:

- Intervene Early
- Establish “One Stop” information link/resource
- Parent support groups
- Parent to Parent support
- Develop advocates/supporters of recovery in the community

During this period, the MSPF Initiative in Dundalk completed a needs assessment focusing on underage drinking in the community. Data supported identification of underage drinking among youth 12-20 as the priority for the initiative. Although binge drinking among underage youth was evident from the data, the ability to gather data on the MSPF-targeted age group for binge drinking (18-25) was limited; thus this priority was not identified as one to address. As well, the data do not support a focus on alcohol-related crashes among youth 16-26 (the third MSPF priority).

Below is an excerpt from the MSPF Needs Assessment Report submitted to ADAA in March 2012 and approved in April 2012. Complete copies of the report are available on request.

“A larger percentage of youth than adults think underage drinking is not a serious problem; at the same time, however, among the respondents **for whom replies were analyzed by age group**, almost *three times* as many youth than adults think underage drinking is a *very serious* problem. And, almost 30 percent of adults who were asked said they “don’t know” whether underage drinking is a problem, while less than 1 percent of youth had no opinion on the issue.

Although 58.3 percent of youth ages 12-18 report never having had beer, wine, or liquor, slightly over 40 percent report drinking in the 30 days prior to responding to the survey, indicating that there is, *indeed*, an underage drinking problem in the target community:

- 58.3 percent report never having had beer, wine or liquor
- 16.2 percent report drinking on 1-2 days
- 5.7 percent report drinking on 3-5 days
- 7.8 percent report drinking on 6-9 days
- 4.2 percent report drinking on 10-19 days, and
- 6.6 percent report drinking on 20 or more day

Among middle school youth who did report consumption of beer, wine or wine coolers, 45 percent said they had first done so at age 11-12; one high school youth reported initial use at age 10, 3 at age 11-12, 3 at age 13-14, and one at age 15-16. And, during the last 30 days, 20 percent of middle school youth said they had consumed beer, wine, wine coolers at least 1-2 times; 100 percent of high schoolers had consumed 1-2 servings of beer, wine, or wine coolers during that time.

Many adults (and youth) think drinking is not a problem because alcohol is a “legal” drug.

Moreover, alcohol is easily available to youth. Forty-one percent of (308) youth who were asked about their access to alcohol said it was “very easy” to obtain, and 31.3 percent said it was fairly easy. Less than 20 percent found it fairly or very difficult to obtain alcohol if they wanted it. Alcohol, according to youth, is provided by parents (knowingly or unknowingly), or purchased either by self (with false ID) or others (older siblings, friends, strangers) on their behalf. Beverage retailers assert, nonetheless, that underage purchasers are, in general, unsuccessful in their attempts to obtain alcohol. It is important to mention that 7 percent of the 650 licensed alcohol vendors (retailers, bars, restaurants) are located in Dundalk—the highest percentage of any of Baltimore County’s jurisdictions.

Youth—who report having “nothing to do” in Dundalk—are unsupervised for extended periods of time and are able to drink at home and other places in the community. Parents often provide the drinking venue, thinking that their children are safer drinking under their supervision.

Youth think they should be able to drink by 17 or 18 because they are “mature” enough to do so; and they do not appear to have a lot of information about alcohol and its effects. Some report that wine is more potent than liquor, and that mixing liquor with something makes it “better for you.” Neither youth nor adults in the community appear to understand the consequences of underage drinking to youth health and safety. While car crashes are though (not incorrectly) to have serious consequences, youth do not appreciate the serious risks and harm attendant with alcohol use.

Adults, as well, do not seem to understand the health risks of underage alcohol use, as only 25 percent cited the danger to children’s health from underage drinking. And, once youth are involved in alcohol or other drugs, say their parents, it is difficult to figure out where to turn in the community for help. They agree that education is a key to prevention; and expressed a need for a community center, more involvement in the schools, more mentoring programs.” (pp. 8-10)

Four Active Parenting programs were conducted during the reporting period: three *Active Parenting Now* and one *Active Parenting of Teens*. Forty-nine parents completed the programs. As well, 69 youth were enrolled in nine *All Stars* programs at PAL Centers; 50 youth completed the program at five centers; four programs were disbanded due to staff turnover and/or lack of participation.

The MSPF Initiative moved forward towards program implementation, completing the aforementioned Needs Assessment; convening a community coalition steering committee (which will be a sub-committee of One Voice-Dundalk), and identifying potential coalition members; holding a series of planning meetings; and beginning the process of developing a Strategic Plan.

The *One Voice* Dundalk Recovery Community Center (RCC) opened on February 27th as a result of the partnership between On Our Own and the Bureau of Behavioral Health. The RCC was identified by the core leadership group of *One Voice* Dundalk as a critical component in the development of an active recovery community, one of the community advisory group’s objectives. Shortly thereafter, the State offered funds for such a center. The Dundalk center is one of 11 recovery centers throughout the State, and its two Peer Recover Support Specialists (PRSS) are among 48 trained specialists in Maryland. Training was provided by the Connecticut

Community for Addiction Recovery's (CCAR) Recovery Coach Academy. The Dundalk center is the first in Baltimore County and a prototype in the County for people who are in (or thinking about) recovery.

The (February 27th) "soft" opening allowed organizers time to assure trained staff and volunteers and address any issues. During the period between this and the official May open, several consumers visited the RCC and received assistance from the PRSS. With the assistance of One Voice, the peer recovery report specialists will develop a cadre of Navigator Parents (individuals who can help other parents navigate the behavioral health system).

The RCC officially opened on Monday May 14, 2012. Hours of operation are from 1:00-7:00 pm on Sundays, Mondays and Wednesdays. The RCC team plans to attend the 4th of July festivities at Heritage Park providing individuals with information about RCC. A third PRSS is currently volunteering at RCC and will become a permanent staff member on July 1st. This additional specialist is part of the RCC expansion. On Our Own has obtained and decorated two more suites, and added two computer stations for consumers. DAAC members suggested that this service/support be posted on schools' web sites; and *One Voice* members were reminded to refrain from using the terms "treatment" or "treatment program" when referring to the RCC and its services. Recovery community center and recovery support services describe the facility and its function accurately.

Now that the RCC is launched, *One Voice-Dundalk* will turn its attention to area schools and the MDS 3 project at Dundalk High School. (It is notable that the MDS 3 coordinator is an MSPF steering committee member, creating additional linkages between/among Dundalk area initiatives.)

One Voice members reviewed the LMB-sponsored Baltimore County Family Navigator Program, a three-part initiative [Information and Referral, Support Groups (located throughout Baltimore County and at St. Rita's) and Family Education (Family Academy)]. This program is geared to families with one or more children who have children with intensive mental health needs or developmental disabilities. Navigators help families identify and access resources necessary to address the presenting issues that the family is facing in caring for their child. One Voice members considered the possibility of a Family Navigator experienced in substance abuse recovery services and will investigate funding opportunities.

January 2012 Update:

Ongoing Needs Assessment and Community Organizing:

One Voice-Dundalk was formed to provide a lead organization willing to address the needs of the community. (*See Attached: One Voice Flyer*) BBH staff are assisting/guiding the development of the organization. During the reporting period, One Voice-Dundalk membership expanded from 9 to 11 members; of that number, five are in recovery and have been involved in at least one or more of the County's public systems.

The DAAC youth Sub-Committee, whose focus is One Voice-Dundalk, prepared a position paper that supports the implementation of One Voice and illustrates the need to expand the group. In support of early intervention with girls, “Girls-at-Risk” instruments were developed. The instruments were reviewed with school nurses who will be encouraged to use them.

The long-term expectation is that the One Voice-Dundalk model will guide and inform creation of One Voice Baltimore County with sub-committees in each community.

A needs assessment strategy was implemented in Fall 2011. This involved a series of focus groups as well as development and dissemination of a survey.

Focus Groups

Four focus groups were conducted (for individuals in recovery, parents of adolescents in recovery, individuals in treatment, and representatives of faith-based organizations. Thirty one (31) individuals participated in the four groups: 6 adults in active treatment, 8 adults in recovery, 7 parents (of 8) adolescents in treatment, and 10 adults from the faith-based community. Ages ranged from 19 – 66 years; 65% were female, 35% male; 90% identified as white, 10% black; 33% reported having no insurance coverage with 43% covered by Medicaid and 24% private insurance.

A final report is in progress at this writing; however, several themes were prominent. A few are highlighted here:

- Participants reported on a lack of access to services. Among the structural barriers are prohibitive travel time, lack of driver’s license, and poor public transportation. As well, there is a lack of service in Dundalk in the area of housing/shelter (and participants report having to travel to another jurisdiction for these services; and difficulty obtaining services for women, especially those with children
- The community perceives that the County is opposed to faith-based services and supports.
- Parents of adolescents say there is no help available to them early in their child’s involvement in substance use; and feel they must wait until “something significant” happens before they can get help.

Community Survey

A survey aimed at the Dundalk community was posted in the *Dundalk Eagle*, on-line—accessible through the First Step website, and distributed at TASC, DSS, and North Point Library. As of early December 2011, 161 surveys were completed and returned. Results, when available will be published in the *Dundalk Eagle*

BBH staff have been speaking with Dundalk community organizations to request they develop strategies and responses to the issues. BBH staff will then function as technical assistance as the strategies are implemented.

New Best Practices Programs Initiated:

MSPF: Baltimore County received official notice of award of the MSPF grant (phase 1) late in the reporting period. Even so, the Prevention Team had been working with members of the Dundalk community and One Voice-Dundalk to lay the groundwork for the community prevention system envisioned in the March 2011 SPF report to ADAA.

In December, a member of the Prevention Team met with One Voice members and shared with them a plan to form a subcommittee of One Voice to focus on underage drinking in Dundalk. This subcommittee will include One Voice members as well as others in the community who have expressed an interest, or are identified as key players, in underage drinking prevention. The subcommittee will take the lead in MSPF strategic planning and activities, with BBH providing guidance and technical assistance.

In response to the MSPF requirement for a community needs assessment prior to development of a Strategic Plan, the Prevention Team planned a series of focus groups and key informant interviews for January 2012, culminating in a Community Conversation in late January or early February. Data from these activities will inform the Strategic Planning process.

Consistent with the DAAC focus on youth, evidence-based parenting and youth enrichment programs were planned during the reporting period.

Youth Programs: All (9) PAL programs are on target to deliver the All Stars program, beginning in January 2012.

Parenting Programs: A letter to parents from G W. Branch, MD, County Health Officer, was widely distributed as was a flyer with additional information. Other outreach efforts were also initiated to stimulate interest in such events. (*See Attached: copies of the letter and flyers*) Although the prime target for the programs is parents/caregivers in Dundalk, the workshops are open to all County residents. Workshops are scheduled to begin in January and February 2012.

It is important to note that *community members (or individuals who work in the target community)* will facilitate all the events/programs. These individuals received training for their role from BBH staff, who will provide technical assistance as needed. This strategy is a prime example of the ongoing effort to strengthen and enrich the community.

June 2011 Update:

DAAC members agreed at their January 2011 meeting to call the Dundalk ROSC pilot the “222 Pilot Program.” Additionally, members identified other departments (beyond those currently participating) that should be involved—at least in an information sharing and supportive way—in this initiative: i.e., Workforce Development, Community Conservation, and Recreation and Parks.

The ROSC advisory group (representing providers and stakeholders) began meeting in September 2010 and, in January 2011, relocated their monthly meeting to Dundalk. The advisory

group includes consumers, Dundalk community members, individuals raised in Dundalk, and some individuals in long-term recovery, chose *One Voice – Dundalk* as their group's name, indicating a tie into the national program, "Voices in Recovery." It is hoped that each community will eventually have groups like this one, ergo the local community "tag" of Dundalk. Currently, BBH staff are leading the meetings; however, the intention is for community members to assume more leadership responsibilities over time and, eventually, to take on full leadership, with BBH providing technical assistance.

A Fact Sheet for *One Voice – Dundalk* was distributed. The group is developing a flyer to introduce themselves to the Community and will sponsor a community event in September.

A guide to assist in Creation of a guide to assist in identifying girls, ages 10-14, who have high risk factors in their lives, has been created.

Education about girl-specific needs and the above-mentioned guide has begun with school nurses and counselors. School resource officers (SROs) were trained earlier.

The advisory group has identified an evidence-based universal parenting program named Triple P (Positive Parenting Program); and collaboration with partners is underway to actualize this program as an addition to the other evidence-based programs already in place (Active Parenting, Second Step, Functional Family Therapy). As well, other existing programs (MST, a program to identify families with children at risk of child abuse and neglect, a Catholic Charities program that identifies children in kinship care, All Stars for middle school youth) can be incorporated.

Award of a MSPF grant from the MD Alcohol and Drug Abuse Administration will be utilized to support (rather than duplicate) related initiatives, empower community leaders, facilitate linkages among existing programs and provide staff training and technical assistance to ensure effective and efficient operation.

The Local Survey of Resources has been updated and is appended to this report; and *Pathways to Progress* was published in March 2011.

January 2011 Update:

The Resource Matrix was updated in Fall 2010, and reflected moderate changes—primarily reduction in resources available.

A draft DAAC report to the Baltimore County Executive was prepared and presented to members at the November 2010 meeting. The report included a brief history of the DAAC, data indicators to support the focus on youth, identification of a target community, an outline of the intended interventions as well as immediate and intermediate outcomes. The report will be distilled into a brochure that highlights DAAC foci and initiatives over the next several years. Statistical benchmarks from the past three years will be included as a baseline against which immediate and intermediate outcomes can be monitored.

The two pronged strategy described in the draft brochure is as follows

- Using a public health approach, the anticipated prevention outcome is a reduction in admission of youth for alcohol by educating parents with regard to risk and protective factors and de-stigmatizing seeking consultation when issues surface. Education will be universal, so as not to “single out” any parent(s); will be evidence-based; and will be available through a variety of venues (e.g., pediatricians’ waiting rooms and primary care providers, school orientations, etc.).
- Through targeted screening and appropriate referral, the anticipated intervention/treatment outcome is earlier entry of females at risk into treatment and ultimately fewer females in DJS. Identified for this intervention are girls between the ages of 10-14, the age at which a girl is at the highest risk for the onset of substance abuse and delinquent behavior.

During the reporting period, BBH staff with the support of DAAC subcommittee members:

- Developed of a fact sheet and screening tool for girls (Fact Sheet and Screening Tool attached)
- Developed and implemented of training for SROs school nurses, and guidance counselors in use of the tool
- Identified Triple P (the evidence-based Positive Parenting Program) as the prevention program, to be used for the universal education aspect of the strategy.
- Facilitated an agreement between the Bureau of Behavioral Health, the Baltimore County Department of Social Services, and the Baltimore County Local Management Board to actively collaborate on establishing a pilot program in the 21222 area. Reliance on consumer participation and stakeholder buy-in and input will guide its development and implementation.

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- Identified Triple P (the evidence-based Positive Parenting Program) as the prevention program, to be used for the universal education aspect of the strategy.
- Facilitated an agreement between the Bureau of Behavioral Health, the Baltimore County Department of Social Services, and the Baltimore County Local Management Board to actively collaborate on establishing a pilot program in the 21222 area. Reliance on consumer participation and stakeholder buy-in and input will guide its development and implementation.

July 2010 Update:

Throughout the reporting period, the DAAC continued to define and refine its focus on identifying and intervening with youth prior to entering the juvenile justice system. Particular emphasis is placed on females who seem to be overlooked—in large part—until they're in jail and present with previously unaddressed substance abuse and related problems. The subcommittee recommended, and the full DAAC concurred, that reaching females by late elementary school or early middle school age is key to the mission.

At its May meeting, the DAAC endorsed the concept of concentrating on a specific area of the County—perhaps Dundalk--where a global parent education program can be launched and followed up with targeted screening and implementation of more in-depth parenting (and other) programming and services. It will be made clear that this initial effort is a pilot test which, as it progresses and expands, can be evaluated and refined and considered for use elsewhere in the County. Subcommittee members were charged with making recommendations to the DAAC with regard to gaps in services, based on mapping out existing services, and how to fill these gaps in the future. Two outcome measures were identified for the next year:

- Parent participation in the global training and
- The number of girls screened by school nurses and School Resource Officers

The subcommittee agreed that its membership should be expanded to include representatives from DSS' Family Based Community Center Practice, the Local Management Board, and the Department of Juvenile Services as these agencies are integral to provision of services to the target populations.

The DAAC strategy going forward will include:

- Collaboration with agencies/organizations (such as those identified above for subcommittee membership) that are already working in this area and piggybacking on their programs.
- Development/dissemination (by Fall 2010) of screening mechanisms/tools to help professionals (and lay persons) who come in contact with females at an early age. The intention is to put in place an easy to use, targeted tool—maximum of five (5) questions—that can be used to identify females in need of more focused attention and an in depth screening and, if appropriate, referral. A screening package will be prepared for presentation to the DAAC at its July 2010 meeting.
- Training for professionals on gender responsive programming. Scheduled for Summer 2010 are training for School Resource Officers and—possibly—training for teachers as part of their mental health training day.
- Utilizing the Behavioral Health Bureau's Prevention Unit to provide community education; facilitate implementation of evidence-based gender-responsive programming; sponsor parent education programming; etc. A multi-level strategy is being formulated to—ultimately—reach parents who need, but will not necessarily enroll in, such training. Initial contact with parents/caregivers would be brief—perhaps at the time of kindergarten enrollment—and would be designed to enhance awareness of parents/caregivers of risk and protective factors and draw interested parents into more intensive training. The Incredible Years, an evidence-based parenting program is one likely possibility for the intensive phase of this effort.

DAAC members also agreed that, beyond the focus on females at risk, the group can recommend solutions to County issues identified by needs-based data gathered by various organizations. A geo map can be developed to create a snapshot of problems as well as current grassroots efforts now in place that will facilitate solutions. The DAAC could prepare a report for the new County Executive (for presentation in January 2011) that would identify two or three specific actions to address risk factors identified.

January 2010 Update:

During the reporting period, Dr. Branch, Director of the Baltimore County Department of Health and chair of the DAAC, articulated his vision of the role of the DAAC: i.e., to be a vehicle for strategic planning around substance abuse. Dr. Branch also envisions a long-term (i.e., 15-20 year) strategy that targets communities where police, school, DSS, Health Department, and other data reveal a high concentration of children at risk of substance abuse (and related) problems.

Expanding on previous discussions of females in the criminal justice system and youth at high risk, the DAAC subcommittee agreed to recommend to the full membership that it focus on community education: connecting to parents, expanding/enhancing mentoring; and concentrating on elementary age youth who can be tracked over time (through high school, into the community and/or college).

Several parallel tracks of action were identified:

- Parent Education: engage parents; get them to commit to their youth's treatment
- Community Education: convey that treatment is a good thing – reduce stigma
- Truancy: can be addressed immediately in elementary aged children
- Youth: connection with Parents
- Youth: connection with a long term mentor – if a parent cannot be engaged

DAAC members agreed to identify pertinent baseline data that can be organized into a usable format. The Bureau of Behavioral Health will be responsible for gathering these data on target communities. As well, current existing (and effective) services will be enhanced, and a review of comprehensive, community-based programming will be conducted.

July 2009 Update:

The Resource Matrix was updated in April-May 2009.

A subcommittee formed in Fall 2008 to identify priorities for the DAAC reported that youth services should be a particular focus as many male adolescents reach the Juvenile Justice System with no record of treatment, and females with substance abuse problems are often not identified until they reach the criminal justice system. Subsequently, a workgroup was charged with developing a plan with specific outcomes to address these populations. The workgroup's initial recommendation was to develop a survey to use with female Detention Center inmates in an effort to determine when intervention might have helped to respond to the problems underlying their substance use in an effort to help females at risk avoid the criminal justice system. Rather than develop a survey, the workgroup delegated a BSA staff member to identify an existing instrument.

In response to the request, the staff member reported to the DAAC that a survey specifically pertinent to the questions of interest is not available; however, risk factors for substance use are well-known, and well-researched—and comport with findings of the Detention Center Staff. Thus it seems redundant to survey this population. Instead, the staff member made the following recommendations:

The recommendations for identification of at-risk girls:

- 1) Public health education of parents/caregivers, schools, schools, and communities (including faith-based organizations) regarding the potential effect of risk factors and how and where to seek assistance when concerned.
- 2) Education of pediatricians, PCPs, and emergency room staff regarding risk factors and the role they play in the development of pathways to delinquent/criminal behavior. Screening for substance use, eating disorders and trauma events by pediatricians, PCPs, and emergency room staff. There are screening tools already developed.
- 3) Earlier meaningful intervention by the juvenile justice and social service systems (police, DJS, courts, DSS). Girls who are status offenders need to receive screening that includes substance use, trauma, and mental health with referral for comprehensive assessments and/or appropriate services whenever indicated and follow-up to ensure service connection is made.

4) Comprehensive strength-based, needs assessments by treatment providers that include a girl's history of substance use, trauma history (including loss), mental health issues, physical health history and family life narrative.

Recommendations for interventions with at-risk girls:

5) Review of current prevention/intervention/treatment programs in Baltimore County to evaluate the degree to which they are gender responsive (Cook County's GIRLS LINK "Gender Responsive Program Self-Assessment" – National Council on Crime Delinquency provided technical assistance in its development)

6) Development and implementation of best practice/EBP services for targeted populations using gender responsive approach by mental health and substance use treatment providers. There is increasing evidence of the efficacy of treatment matching and research outcomes on those approaches and programs that work for specific populations and address specific needs.

7) Prevention and early intervention programming youth whose mothers are incarcerated.

DAAC members endorsed the recommendations, and the subcommittee will reconvene over the summer to add detail to their plan. The first step will be to review the "Gender Responsive Program Self-Assessment" (copy attached), and develop a plan for its utilization.

Goal 2: **Goal II:** Strengthen and integrate the components of the system of care

July 2012 Update:

In addition to meetings held with neighborhood groups and the two Community Conversations, *One Voice-Dundalk* members and BBH staff helped plan and participated in Dunfest, a family event spearheaded by the Dundalk Community Partnership (a DSS initiative) with the support of Ports America, BCHD and Johns Hopkins-Bayview. This endeavor—perceived to be consistent with the DAAC strategic plan in terms of integrated and coordinated information flow—required extensive BBH staff, and *One Voice* volunteer, time and effort.

More than 1,000 community residents attended the event. BBH staff took charge of the Wellness Zone, assuring that the issue of substance use and abuse was highlighted. Several booths focused on aspects of the issue: an underage drinking booth, where visitors answered questions about alcohol use, and received prizes for correct responses; a *One Voice* table, visited by more than 200 people, and staffed by Recovery Community Center (RCC) peer specialists; and the Family Talk area which simulated kitchen table discussions. This activity was staffed by the BBH prevention team, visited by 500 event attendees. This activity helped participants learn about and appreciate the importance of family meal times as an opportunity for conversation and, in the longer term, a family health and wellness strategy; and a tobacco cessation table, replete with information about smoking and second-hand smoking facts, and tobacco cessation programs and services in the area.

During the reporting period, *One Voice* members addressed the issue of how to get accurate information out to the community. They acknowledged that information sharing during meetings provides an opportunity for member information exchange and dissemination, and that other avenues are also available. One suggestion was a centrally located kiosk providing updated

information for the community in addition to also providing information in different, well-traveled locations (grocery store, library, etc.). As well, the Dundalk *Eagle* published articles on *One Voice* during the reporting period. The first specifically related to the recovery-oriented system of care initiative in Dundalk; the other focused on underage drinking. Feedback from Dunfest participants provided another perspective on information sharing: i.e., community residents derive most of their information about community events from the Dundalk *Eagle*, closely followed by word of mouth from friends and relatives; and the best community resources for youth are the YMCA and the libraries. Finally, Dunfest planners are considering linking with another event (for example the annual Arts Festival) next year.

January 2012 Update:

The annual Candlelight Vigil of Hope was held on December 1, 2011 at Oregon Ridge Park at Hunt Valley.

One Voice-Dundalk members unanimously agreed that they and the BBH Prevention team should join forces with the DDS Coalition's Dundalk Community Partnership to sponsor and plan a community event for May 12, 2012 at Merritt Park. This outreach event can encompass the objectives of the Partnership, the Prevention team and One Voice, makes the most sense logistically, and is the most cost efficient way to proceed. At this forum, One Voice can be introduced to the community, as can the issue of underage drinking (the MSPF priority).

January 2011 Update:

The Candlelight Vigil was held on November 30 at 7:00 p.m. at Towson University. The timing of the event correlates to the National Drunk and Drugged Driving Prevention Month. It is a strong, somber ceremony that puts you in touch with the impact of alcohol related crashes on families. Cindy Lamb, co-founder of MADD was guest speaker.

July 2010 Update:

The DAAC and the Mental Health Advisory Council are sponsoring a Behavioral Health Summit for Judges so that judges are aware of the clinical advancements in mental health and substance abuse when making their case decisions. DAAC members agreed to identify a judge who can become an advocate. DAAC members discussed additional ways to provide continuing education to judges with regard to evidence based programs and program/service options available for alternative sentencing.

January 2010 Update:

The Annual Safe School Event for Counselors and Teachers was held in the Fall.

July 2009 Update:

The Alcohol and Drug Prevention on Maryland College Campuses Conference was held at Goucher College on January 13, 2009. Participants focused on policy, judicial sanctions and

other strategies among Maryland colleges. Seventy people, including college representatives and police, attended.

Goal 3: Goal III: Sustain a comprehensive system of prevention, intervention, and treatment services that prevents/delays first time use and provides timely access to intervention and treatment services to reduce the negative consequences of substance abuse

July 2012 Update:

The budget mark from ADAA (Alcohol and Drug Abuse Administration) revealed significant cuts for FY 2013. However, in response to a query by ADAA with regard to expanding ROSC services, a proposal was submitted for funds to hire a third Peer Specialist for One Voice RCC (an individual has been identified for this position and presently is volunteering) and needed program supplies and materials. The proposal also requested that a second recovery center be developed in a location outside the 21222 area, a family navigator position be developed, and six additional Peer Recovery Support specialists be hired and trained to be embedded in local general hospitals and outpatient drug treatment programs.

The RCC opened “officially” in May 2012. A report of this activity is found under Goal I earlier in this report.

January 2012 Update:

The Baltimore County Department of Corrections received a small grant from GOCCP for a woman’s program. This will open a 34-hour Social Worker II position and will help relieve some of the BBH Criminal Justice Unit work load.

ADAA approved funding for a Recovery Community Center. With the support of One Voice, BBH is partnering with On Our Own which has operated an existing, consumer-run wellness and recovery center in Dundalk for 16 years. On Our Own is located at 63 Shipping Place, Suite 221 Baltimore, Maryland 21222 and can be contacted at 410-282-1701 and 410-282-2431 (Fax), email address **onourownbalto.org**. Current hours of operation are: Tuesdays, Thursdays, Fridays and Saturdays 1:00 - 7:00 p.m. The Recovery Community Center will be open on Mondays, Wednesdays and Sundays from 1:00-7:00 p.m. The plan is for the RCC to open on or before March 1, 2012.

June 2011 Update:

The Criminal Re-Entry Initiative (CRI) grant funds two staff members to help people with co-occurring disorders to obtain services and referrals as they leave the Criminal Justice System. They will receive support from one month prior to 6 months after leaving the Detention Center, which will help them obtain entitlements, shelter, employment and family counseling—as well as often overlooked necessities like copies of birth certificates and driver’s licenses. Participants must live in Baltimore County at an address that is specific to them, and cannot live in a shelter.

The CRI was officially presented to the public on Monday, March 21st; is being marketed inside the Detention Center; and BBH staff is working with Conmed. A Tobacco Cessation Program was initiated in the Detention Center during the reporting period. DAAC members suggested tracking program data given the link between smoking and other substance abuse issues.

The second START Program for females began in the Detention Center. BBH staff are facilitating a counseling group for 12 women with co-occurring illness and significant trauma histories. This program is a collaborative effort and the women in the program are kept busy attending many different types of group meetings. Participants earn their release five days prior to their stated sentence. A challenge to the program comes from inmates on work release bring contraband into the Detention Center, making it difficult to keep START participants on track. Thus, a future goal for this program is to obtain funding to establish a separate residential program similar to the men's RSAT program, as START participants are housed with those in the Work Release Program.

Funds for substance abuse treatment and prevention have been reduced for FY 2013. Nonetheless, Baltimore County is committed to maintain treatment service levels and to re-direct prevention resources so that staff will conduct group programs and provide training to other organizations so they can deliver direct prevention programs and services.

As mentioned earlier, BBH applied for and received an MSPF grant award.

January 2011 Update:

The County's ROSC will benefit from an Access to Recovery (ACR) grant funded through the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). ATR funds will allow jurisdictions to purchase both clinical and recovery support services—including transportation and child care—for clients via vouchers. ValueOptions will be the Administrative Services Organization (ASO) for the program.

The Community Reentry Initiative, (CRI), a 30-month initiative sponsored jointly by the Maryland Health Resources Commission and the Baltimore County Detention Center, will provide case management for inmates who have been identified as having co-occurring substance abuse and mental illness. Services will be available, beginning January 2011, to individuals from one month prior to release up to six months post-release to help them obtain needed treatment and other supportive services. The anticipated outcome is a reduction in recidivism.

The Call Center, which helps people connect with services, will expand from mental health only to include substance abuse. Anticipated date of this expansion is Spring 2011.